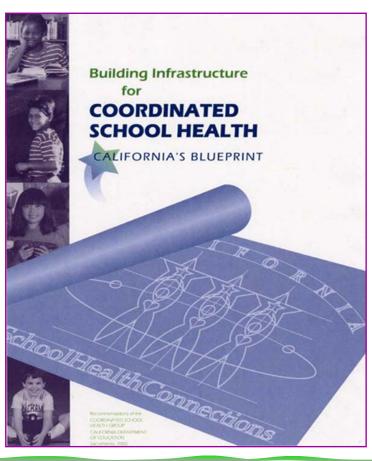


http://www.cde.ca.gov/cyfsbranch/lsp/health/

http://www.mch.dhs.ca.gov/ programs/shc/shc.htm

California's Blueprint



- Describes action steps for state and local education and health agencies
- Provides guidance to CDE and Department of Health Services for joint implementation

California's Blueprint



- Reinforces importance of local efforts
- Categorizes actions in six goals

Coordinated School Health Blueprint - Goal 1

Coordinated school health policies and programs will support and contribute to the positive development of youth.

www.cde.ca.gov/cyfsbranch/lsp/health/blueprintfinal.pdf

Youth Development



Secured and promoted active youth involvement in state programs, planning, conferences and in requests for applications

Youth Development (cont.)



Incorporated as a key concept in 2002
Health Framework

Coordinated School Health Blueprint - Goal 2

Policies at all levels will fully support coordinated school health for California's diverse population.

www.cde.ca.gov/cyfsbranch/lsp/health/blueprintfinal.pdf

Policies



- Promoted and disseminated model policies and supporting tools
 - Fit, Healthy, Ready to Learn (NASBE)
 - School Health Index (CDC)

Policies (cont.)

- Project LEAN
 working with
 California School
 Boards Association
 on polices re:
 nutrition and
 physical activity
- Many districts
 banned sales of
 non-nutritious foods



In Bid to Improve Nutrition, Schools Expel Soda and Chips

By TIMOTHY EGAN

OAKLAND, Calif., May 16 — It is lunchtime at Fremont High, in one of the largest school districts in the nation to enact a systemwide ban on junk food...

Coordinated School Health Blueprint - Goal 3

Funds and resources will be allocated to support coordinated school health for California's diverse population.

www.cde.ca.gov/cyfsbranch/lsp/health/blueprintfinal.pdf

Funds and Resources, cont.



- Obtained partial funding for the Leadership Institute from The California Endowment and American Cancer Society (national and state)
- Submitted grant proposals to fund the Leadership Institute

Funds and Resources, cont.

Provided CDE minigrants to county offices of education for CSH and HIV/STD prevention



Making a Difference: Dining with dignity

Ex-restaurateur serves students a healthy lunch ... with class

By Erika Chavez -- Bee Staff Writer

Published 2:15 a.m. PDT Sunday, May 19, 2002

Everyone remembers the school cafeteria, and most memories aren't too fond: the plastic trays, the hairnet-wearing lunch ladies, the bright green Jell-O and the mystery meat.

When Al Schieder took over as director of child nutrition for the Folsom Cordova Unified School District in 1995, he vowed to make those images a thing of the past.

Al Schieder offers students at Cordova High School the same menu of choices offered at Folsom High, including sushi rolls and pizza. A keypad system allows them to prepay or receive subsidized lunches confidentially.



Coordinated School Health Blueprint - Goal 4

Closer <u>collaboration</u> and better <u>coordination</u> will be established within and between CDE/DHS, other state and local level agencies, and business and community partners.

www.cde.ca.gov/cyfsbranch/lsp/health/blueprintfinal.pdf

Collaboration and Coordination cont.

Participated with national organizations and California Institutions of Higher Education to strengthen teacher preparation



Collaboration and Coordination cont.



 Collaborated with broad-based team to develop and implement Leadership Institute

Coordinated School Health Blueprint - Goal 5

<u>Personnel capacity</u> in school health at the state and local levels will increase and reflect California's diverse population.

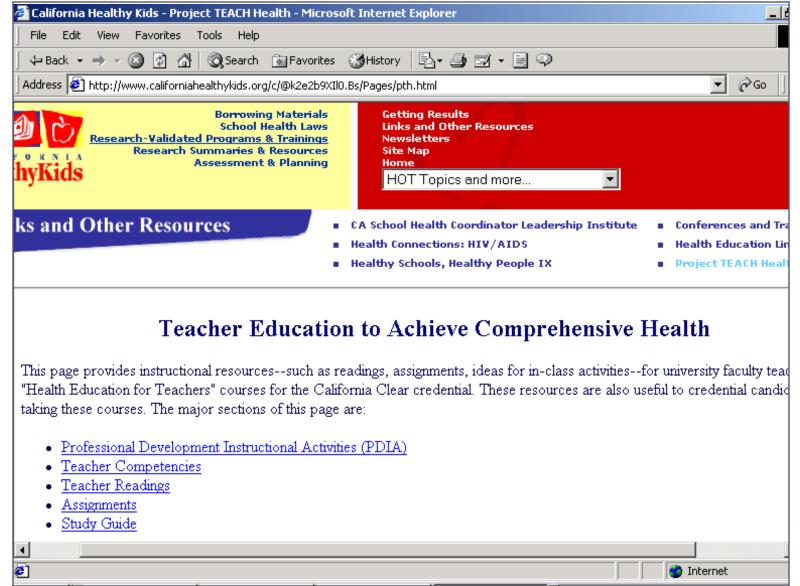
www.cde.ca.gov/cyfsbranch/lsp/health/blueprintfinal.pdf

Personnel Capacity (cont.)

- Conducted trainings
 re: HIV prevention,
 health assessment
- 2003: conduct workshops on Health Framework, assessment, HIV and establish cadre of trainers



California Healthy Kids Resource Center Web site for faculty in teacher preparation programs



Coordinated School Health Blueprint - Goal 6

Use of state-of-the-art, <u>research-based</u> <u>strategies</u> to implement coordinated school health will increase.

www.cde.ca.gov/cyfsbranch/lsp/health/blueprintfinal.pdf

Research-Based Strategies, cont.

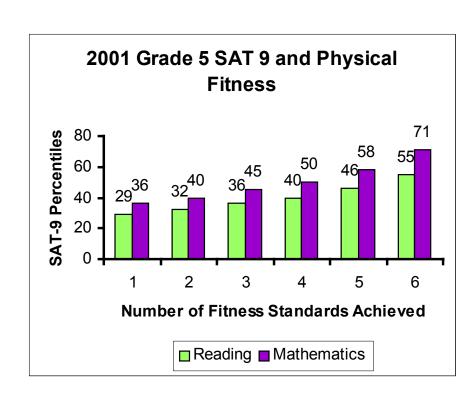
- Updated Getting Results
- Analyzed relationships between CHKS and test scores (WestEd)
- Researched studies linking health and academic achievement

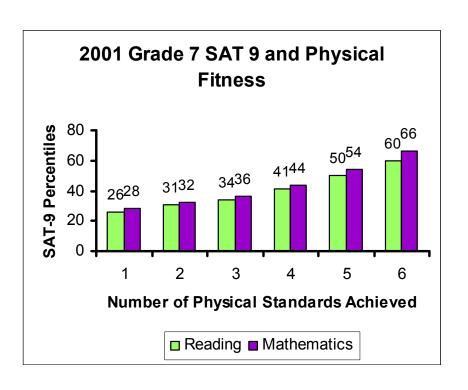


- Analysis of 2001 test scores shows positive, linear relationships
- Consistent across grade levels, gender

www.cde.ca.gov/news/releases2002/rel37.asp

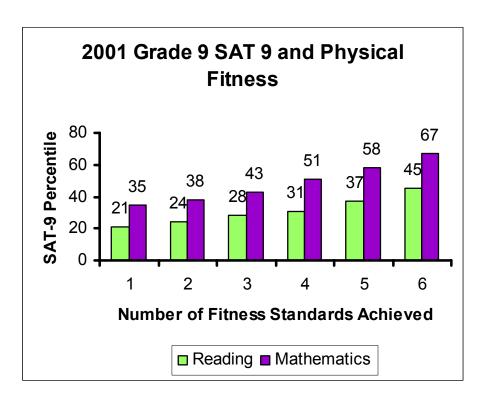
Students who met minimum fitness levels in three or more physical fitness areas showed the greatest gains in academic achievement.



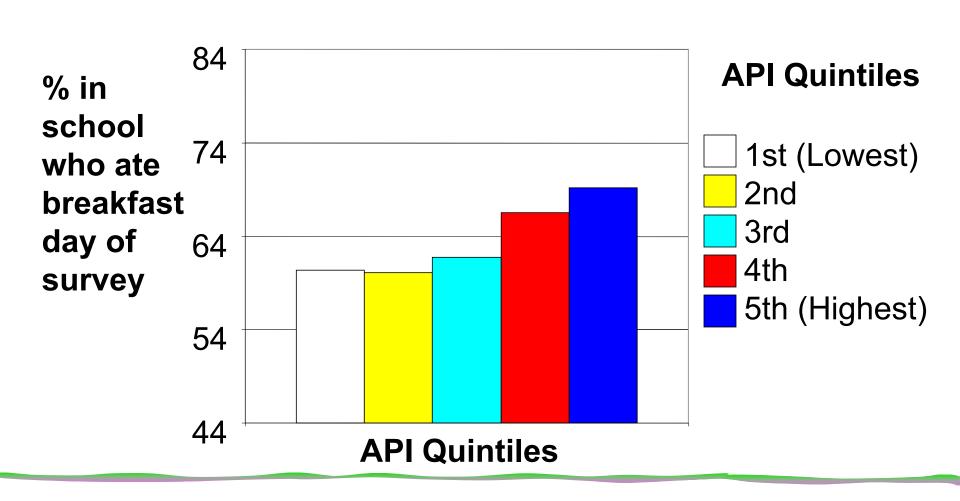


Higher academic achievement was associated with higher levels of fitness.

The relationship between academic achievement and fitness was greater in mathematics than in reading, particularly at high fitness levels



Daily Breakfast By API Quintile



Local Accomplishments in Coordinated School Health (CSH)

Eight Components of CSH



Local CSH Accomplishments Los Angeles County

- Convenes county-level meetings of coordinated school health committee, district school health managers, tobacco/ Title IV prevention coordinators and participants of leadership institute
- Adopts and implements Paving the Way for Physically Fit and Healthy Children

Local CSH Accomplishments Santa Clara County



- Convenes CSH advisory board
- Administers Healthy Kids Survey countywide
- Achieves high levels of Iz
- Provides on-site medical and dental services vans
- Sponsors countywide "walk-to-school" events

Local CSH Accomplishments San Diego County



- **Established CSH** recognition program
- Involved education and health agencies, and community based organizations in planning and implementing

(Thank you, ACS!)

Local CSH Accomplishments
San Diego County_____

Recognized
districts and
school sites for
leadership in
CSH or
individual
components of
CSH





Districts Honored for their CSH Leadership in San Diego County

- Chula Vista Elementary SD
- National SD
- Poway SD
- Sweetwater Union High SD
- Vista Unified SD

Local CSH Accomplishments Compton USD

- Inspects school sites and playground equipment for safety
- Provides school-based health centers and insurance enrollment
- Conducts health fairs
- Offers staff memberships at local fitness center

Local CSH Accomplishments Long Beach USD

- Convenes a health advisory council with representatives of all components and family/community members
- Offers sequential standards-based K-12 health education and physical education
- Requires health course in middle and high school

Local CSH Accomplishments Redondo Beach USD

- Convenes a safety council comprised of two students from each site who meet monthly with assistant superintendent
- Uses state-adopted health textbooks, which promote the CSH model
- Maintains a health/fitness academy for students interested in health careers

Local CSH Accomplishments Lennox SD

- Offers on-site medical screenings and flu shots to staff
- Provides school counselor at every elementary school site
- Provides nutritionally sound and culturally appropriate meals
- Works with parents and community partners to support health

Local CSH Accomplishments Hawthorne SD

- Provides standards-based health education and physical education, K-8
- Provide families with training on benefits of physical activity and healthy eating
- Offers universal breakfast program (free to all students) and free lunch to all kindergarten students

Local CSH Accomplishments Rosemead School

- Provides nutritious food choices
- Provides health education coordinated with nutrition services and physical education



Local CSH Accomplishments Rosemead School



 Enforces strict policies re: ATOD, safety, bullying, and harassment



Local CSH Accomplishments Rosemead School



Offers classes for parents and families, in coordination with community agencies and partners



Los Angeles Cimes

CALIFORNIA

LOS ANGELES EDITION

Thursday, Describer 2, 2002.

Million and Aug St.



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26% of Kids Overweight, Study Finds

Nearly 47% are not physically fit, according to too of 1.2 million action/children. L.A. County areas yank among state's worst.

By Clauselin Ognorion and Expra Hotasan

More their our quarter of California challens are not recipit and leasts 40% out for physically 12 — and the problem is asset prescriberant in Lise Arpetos County, something to a unappresented entitle greaters in the principle and rathly greaters in the principle bords.

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Leaders vow to reverse obesity trend in children

By Dorsey Griffith Bee Medical Writer

No one disputes that more and more children are overweight and obese in America, an epidemic that seems to worsen with every new jumbo soft drink and two-forthe-price-of-one meal deal advertised on television.

What's new is that leaders in public health, education, entertainment and politics all are working on ways to reverse the trend and prevent more obesity-related diseases from taking their toll.

Strategies to address and prevent childhood obesity - from farmer's market salad bars at schools to nutrition and fitness television programs for preschoolers - were introduced Wednesday during a standing-room-only seminar sponsored by the California Research Bureau.

At a packed hearing at the Capitol later, legislators promised to move obesity higher on the public

See OBESITY, page A12

Obesity: Pupil laments food choices

policy agenda, and Sen. Martha Escutia, D-Commerce, announced a bill to restrict the sale of junk foods and improve physical education programs at schools.

"There are solutions in the wind," said Susan Foerster, chief of the the Cancer Prevention and Nutrition Section at the state Department of Health Services. "People are making changes in pockets of the state. All of this is giving us the will. We realize we are not alone."

The problem, as described by 17-year-old Jessica Dailey, is that the demands of school life combined with a smorgasbord of salty, fatty and sugary food choices make eating a healthy diet and getting enough exercise difficult.

Lunch choices at her Sacramento high school are hamburgers, buffalo wings, french fries, chicken nuggets and pizza. The options before and after school are no better, said Dailey, who testified at the hearing.

"I have a class at 7:30 in the morning," said Dailey, whose weight fluctuates between 195 and 210 pounds. "I usually go to McDonald's and get breakfast there. After classes, I grab the closest thing - chips and soda - then I'm off to a club meeting."

Of U.S. young people age 6-17 years, about 5.3 million, or 12.5 percent, are seriously overweight, representing a doubling of the rate in the past 30 years, according to the National Centers for Disease Control and Prevention.

And 60 percent of overweight kids already have elevated blood pressure, cholesterol, and insulin levels - precursors of heart disease, diabetes and some cancers.

"This is not a cosmetic problem," declared Dr. Bill Dietz, a pediatrician and director of the CDC's Division of Nutrition and Physical Activity.

Dietz cited family lifestyles in which parents have less time to prepare nutritious meals, schools lured by profitable contracts with soft-drink and fast-food companies, neighborhoods designed without sidewalks that discourage walking, and kids who spend more and more time in front of the television, often with soda and bag of chips in hand.

One solution he proposed at the legislative hearing: restore parents' authority over what their children eat.

"Our children have been put in the role of decision-makers when it comes to food," Dietz said. "If a child refuses to eat what is served. it's not up to the child to choose an alternative."

Dietz also said states and private health plans should reimburse doctors for treatment of childhood obesity. He said schools must reinvigorate physical education programs, which have become a luxury in too many districts, and they should open their doors to the community after hours for physical activities.

On a day when the legislators were voting on bills to deal with the energy crisis, state schools

chief Delaine Eastin told the assembled senators that "there is no more pressing business in California" than childhood obesity.

In a brief but impassioned speech, she said that the latest Healthy Kids survey found that 80 percent of schoolchildren in the state do not meet minimum requirements for fitness. Then she added that the state has stopped paying for the \$2 million survey.

She said she wanted to restore funds for the survey and also called on policy-makers to spend more on subsidized school lunches so districts can afford to offer healthier meal choices. She said money is needed for physical education classes and school gardens, which teach kids about nutritious foods. And she asked them to "bring back school nurses now."

Eastin cited the farmer's market salad bar program, pioneered in the Santa Monica-Malibu Unified School District, which offers fresh, locally grown produce prepared in a user-friendly way to every student in the district.

The architect of that program, Rodney Taylor, said it required marketing and teacher-parent in-volvement. Today, he said, 56 percent of kids in the district eat at the salad bars.

Foerster said that unlike tobacco control and smoking prevention efforts, the state has no programs dedicated to nutrition and physical activity, but that momentum is building to develop them.

"Clearly, it has to come from the Legislature and governor together," she said, "This is the be-

Epidemic of child obesity puzzles experts

Number of overweight kids in California has tripled since '70s

By Kim Severson CHRONICLE STAFF WRITER

The good news about 11-yearold Shirleisa Rogers is that she's off the insulin needle. The bad news is she still weighs more than 200 pounds.

Rogers, an affable East Bay sixth-grader who was featured in a Chronicle story in May on the epidemic of childhood obesity, is one of more than 3 million California children who are overweight or at risk for obesity - a number that has tripled since the late 1970s.

Earlier this year, Shirleisa fell into a coma induced by a type of diabetes doctors once found only in adults and landed in Children's Hospital and Research Center in Oakland. Despite a concerned mother, lots of time dancing for exercise and intensive treatment by some of the best nutritionists and diabetes doctors in the state, Shirleisa is still overweight.

Her puzzling situation is symbolic of the childhood obesity problem. Just as doctors are

Test subjects sought

Doctors at Children's Hospital and Research Center in Oakland are looking for people between the ages of 10 and 65 who are receiving insulin therapy to participate in a study of the effects of a mineral and vitamin supplement on Type II (adult-onset) diabetes.

Volunteers will be given the supplements at no cost and will be compensated for their time. All visits will take place at the hospital.

Contact Jennifer Price, study coordinator, at (510) 428-3885, ext. 5776. Or e-mail iprice@mail.cho.org.

- Kim Severson

month in San Diego. The country's largest state conference ever conducted on the issue will unite nearly 1,000 health professionals, educators, doctors and social service experts from around the world.

"It's on everybody's radar screen right now," said Pat Crawford, co-director of the Center for Weight and Health at UC Berkebattle say the fight is moving away from one that targets parents feed your children less and make them exercise - to one that relies on medical research on metabolism and nutrition as well as changes in the food and fitness culture.

The solution, they say, lies in a collective approach involving evervone from parents and teachers to park planners, lawmakers, fastfood operators and even advertis-

"Let's not fool ourselves. The reason children are making unhealthy choices is often the environment they are living in. The deck is stacked against our children. Everywhere are pressures promoting the consumption of large portions of high-fat, highsugar foods," said Harold Goldstein, director of the California Center for Public Health Advocacy, an independent, nonprofit public health organization. That, coupled with less physical activity - especially in schools where physical education classes have been cut to the bone - makes the



Lillian Ford sits next to her granddaughter, Shirleisa Rogers, an 11-year-old who is battling obesity.

to 80 percent of overweight children will become overweight adults.

There is no more compelling reminder of the health implications than the \$127 million spent each year in hospital costs related to childhood obesity, according to the Centers for Disease Control and Prevention. That is triple the While many of them went nowhere, Gov. Gray Davis signed a bill in October - effective January 2004 - that prohibits the sale of junk food in elementary schools and bans soda sales at middle schools. But it left high schools virtually untouched.

■ Medical research continues. ranging from studies of metabolic

me, and for the Senate health committee," said state Sen. Deborah Ortiz, D-Sacramento.

It's likely her committee will conduct hearings early next year to evaluate the effects of advertising on children's diets, she said. and other lawmakers will likely push health and nutrition bills. But there's a catch. With the state staring down an unprecedented \$34.8 billion budget shortfall over the next 18 months, any health proposal better be on the lean side financially.

"We're fighting to save basic medical care and basic education needs," said Russ Lopez, a spokesman for Davis. "It's going to be a very tough sell to pay for new programs. It has to be one of those things where everybody has to band together."

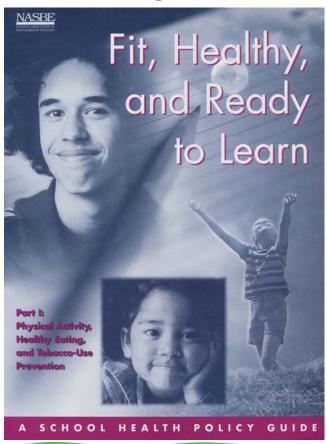
People who work with children like Shirleisa Rogers know the complicated issue can't be solved simply with legislation or more dollars.

Children are fatter because American life has changed, they say. More children sit in front of video monitors than on bicycles or playing sports. The average

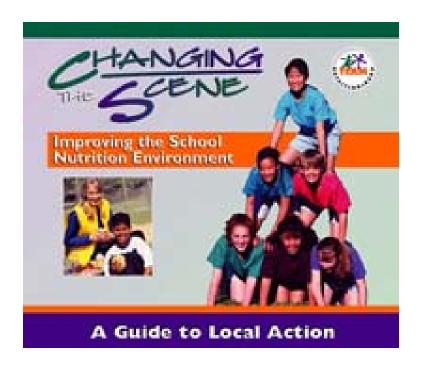
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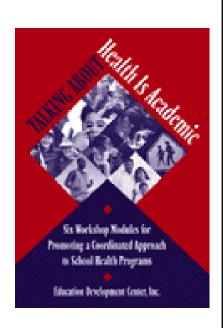
http://www.nasbe.org/ healthyschools/fithealthy.mgi



www.fns.usda.gov/tn/Resources/changing.html



http://www2.edc.org/makinghealthacademic/cshp.asp





What Is a Coordinated School Health Program (CSHP)?

Why Do Schools and Communities Need CSHPs?

What Key Strategies Should Guide Your Approach? This section provides an introduction to the basics of coordinated school health programs (CSHPs), including a summary of their <u>components</u>, a <u>rationale</u> for their importance, and an overview of the <u>steps</u> required to establish these programs in your schools and communities.

What Is a Coordinated School Health Program (CSHP)?

Health is not just the absence of disease – it is complete physical, mental, and social well-being. A school health program that effectively addresses students' health, and thus improves their ability to learn, consists of many different components. Each component makes a unique contribution while also complementing the others, ultimately creating a whole that is more than just the



http://www.cde.ca.gov/cyfsbranch/lsp/health/

http://www.mch.dhs.ca.gov/programs/shc/shc.htm